

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>11/12/2014</u>
Facility Name and Permit ID	<u>Madison County C&D Unit, 5803-CDLF-1995</u>
Applicant (Owner) Name	<u>Madison County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Renewal/Review <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input checked="" type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>~15,000</u>
Permit Fee	<u>\$1500</u>
Date Application Received	<u>11/5/2014</u>
Contact Name, Title & Phone #	<u>Mr. James Huff, Solid Waste Director, (828) 649-2311</u>
Email Address	<u>jhuff@madisoncountync.gov</u>
Company	<u>Madison County</u>
911 Address	<u>271 Craig Rudisill Road</u>
Mailing Address	<u>Same as above</u>
City/State/Zip	<u>Marshall, NC 2311</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other known names business has operated under	<u>N/A</u>
Known Counties of Operation	<u>Madison</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSW, CD, TS, HHW</u> Permit #: <u>58-02, 03</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	<u>Change to defined facility boundary in the Facility Plan</u>

PERMIT APPLICATION REVIEW TRACKING

Clock Start

Date Application Received	11/5/14
Application ID #	5W014-0098

Review Form Submission

Date Application Review Form Submitted	11/12/14
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>
Submitted to Compliance Officer	Yes <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>

Accounting Clock

Invoice Date	11/13/14	# of Days
Deposit Date	11/24/14	11

CHR Clock

CHR Complete	Yes <input type="checkbox"/>
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Application Review Clock

Completeness Determination Letter		
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1	N/A	# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued		

*** PERMITTING ACTIVITY RETRACTED BY
APPLICANT (DIN 24080) ON 3/31/15**